Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	1-27-20014	Address:	5163 E CR 400S	
Incident #:	14ISPC000668		HARDINSBURG IN	
County:	ORANGE		47125	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
	d: Location (bedroom, kitchen, open air,	<u>etc)</u>		
(check all that	t apply) or Birch Reaction(s): <u>KITCHEN</u>			
Red Phos	sphorous/Iodine Reaction(s):			
Hydrochl	oric Acid Gas Generator(s): KITCHE	N AND BEDROOM	<u> 1/BATHROOM</u>	
∑ Flammab	ole Solvents: <u>BEDROOM</u>			
Water Re	eactive Metal (Lithium): KITCHEN			
Anhydro	us Ammonia: <u>KITCHEN</u>			
Corrosive	e Acid: <u>BEDROOM.KITCHEN</u>			
Corrosive	e Base: <u>KITCHEN BEDROOM/BATI</u>	HROOM		
Other (ite	em and location):			
Vehicle Info	ormation:			
Owner: VIN: Year:		Make: Model:		
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often		⊠ unclean Estimated le occurring: <u>O</u> Additional I	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: ONE YEAR Additional Information: HOUSE IS A LAB COMPLETELY	
This report	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:	
	nent City, Township or County PAOLI	Fax: 812.7	<u>23 2417</u>	

Health Department County: ORANGE CO Fax: 812 723 7117

Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Paul Andry Phone 812 459 2239

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.